

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037956

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9145**
FILED SEP 19 1963
VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Missouri</i>		c. CITY OR TOWN <i>Ellisville</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Des Moines Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>1242 Vero La.</i>	
3. NAME OF DECEASED (Type or print) <i>Baby Bay Reagan</i>		4. DATE OF DEATH Month <i>8</i> Day <i>28</i> Year <i>63</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8/28/63</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Lester Harlan Reagan</i>		13b. MOTHER'S MAIDEN NAME <i>Orpha Lorce Paulding</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Lester Harlan Reagan</i>		Address <i>1242 Vero La.</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Herniation Stomach Bowel, & Congenital Deeply Resorption</i> DUE TO (b) <i>Jejunum Obstr</i> DUE TO (c) <i>Hypoplasia Lung</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>759.2</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>6:30</i> a.m. <i>P</i> Month, Day, Year <i>8-28-63</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>	
21. I attended the deceased from <i>8-28-63</i> to <i>8-28-63</i> and last saw her alive on <i>8-28-63</i> Death occurred at <i>6:30 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <i>5 Sep 63</i>	
22a. SIGNATURE <i>Lee A. (Hall M. D.)</i>		22b. ADDRESS <i>35 N. Central Ave</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>9-30-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		23e. DATE RECD. BY LOCAL REG. <i>SEP 12 1963</i>	
24. FUNERAL DIRECTOR <i>MO. ANATOMICAL BOARD, 1402 S. GRAND</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

8/22/79

Eastern Kentucky College

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.